

# AUTHORIZATION REQUEST FORM

Amendment ☒ New

South Carolina Department of Health and Environmental Control  
Bureau of Solid and Hazardous Waste (803) 734-5200

Landfill ☐ Reclaim ☐  
Recycle ☒ Incinerate ☐  
Landfarm ☐ Energy Recovery ☐  
Other ☐

**LAB PACK**

Authorization Number: **ST** - 00002 - 6544

To be entered by TSD Facility **ENST-OP PA**  
**OAKS, PA**

## Generator Information:

Generator ID # **NJP000791236** Name **USEPA REGION II**  
Address **WOODBIDGE AVE** City **EDISON** State **NJ** Zip Code **08317**  
Official Contact **MARK PANE** Title **OSC** Telephone **201-906-6813**

## Treatment, Storage, or Disposal Facility Information:

SC County  
(For In-State Generator Only)

Facility EPA ID # **SCDO 44442333** Name **ThermalKEM Inc.**

**N/A** Line # (This line # will always represent this specific waste stream.)

**LABPACKS - discarded laboratory chemicals**  
Description of Hazardous Waste

**D001 D002 D003 6664 U117** Varies **22**

EPA/DHEC Waste Codes

DOT Hazard Class

### Process Producing Waste:

**discarded lab chemicals**

Enter Quarter for One-Time Disposal: **4** / **88** Qtr/yr.

Handling Method: **TO9**

If Multiple Shipments Enter Frequency Here: ☐ times/yr.

Volume: (lbs/yr. only) **1000**

Physical State of Waste @ 70°F

Flash Point (cc)

1. ☐ solid 2. ☐ liquid 3. ☒ N/A \*

1. ☒ N/A \* 2. ☐ <60°F 3. ☐ 60-140°F 4. ☐ >140°F

\* **SEE ATTACHED**

For DHEC use only:

Date Received: ☐ ☐ ☐

Note: \_\_\_\_\_

## AUTHORIZATION REQUEST FORM (con't)

**Facility Use Only:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Packaging for Shipment:** 4 in Drums (size) 10. Box      in Bulk      Other

Method of Transportation: ☐ Railroad tanker ☒ Truck ☐ Other  Specific Gravity: ☒

Viscosity @ 70°F: ☒ Low ☐ Medium ☐ High      Layering: ☒ None ☐ Bilayered ☐ Multilayered

**Suspended Solids:** % by weight or volume. Specify exact % ☒ **Dissolved Solids:** by % weight. Specify exact % ☒

Thousands of Btu's/lbs. Specify:  Organically Bound Sulfur (wt %):  Organically Bound Chloride:

Organically Bound Nitrogen (Wt %): ☒ Toxicity: ☐ High ☐ Medium ☐ Low ☒ Unknown Ash %: ☒

**Affinity for Water:** ☒ Hydrophilic ☐ Lipophilic **pH (if hydrophilic):** ☒

Visual Description of waste: labware - discarded laboratory chemicals (see attached inventories)

**\* Constituents:** List specific constituents by name and corresponding percentage in waste stream.

**Volatile Organics** %

### Non Volatile Organics %

**Acid or Alkalis** %

Salts & Inorganics	%
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[illegible]

**LAB**

ACK

[illegible]

Water: \*  % L Aproprio- see attached inventories

## AUTHORIZATION REQUEST FORM (con't)

**Metallic:** (total metals not EP Toxicity Test) \* lowpacks - see attached inventories

As _____ ppm	Cr <sup>+3</sup> _____ ppm	Ag _____ ppm	Fe _____ ppm
Ba _____ ppm	Cr <sup>+6</sup> _____ ppm	Ni _____ ppm	Sb _____ ppm
Cd _____ ppm	Hg _____ ppm	Cu _____ ppm	Mn _____ ppm
Pb _____ ppm	Se _____ ppm	Ti _____ ppm	Co _____ ppm
Zn _____ ppm	_____ ppm	_____ ppm	_____ ppm

### Toxics

Cyanide	_____ ppm
Pesticides	_____ ppm
Carcinogens	_____ ppm
Other Toxics	_____ ppm

**Other Information:** lowpacks - see attached inventory attached accurately describes the total contents of each drum. They are packaged in five drums or wood boxes with sawdust as absorbent padding. Contents to be incinerated by Thermalchem.

**Certification:** I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

**Signature:** Mark T. Pane

**Date Submitted:** 10/4/88

**Print Name:** MARK PANE

**Title:** ON SCENE COORDINATOR

### TSD Facility Certification:

I certify that based on the information presented in this document this facility is permitted to accept the waste stream described hereon, and do hereby inform the generator listed hereon of acceptance of the waste for treatment, storage, and/or disposal in the manner designated, and in compliance with the TSD Facility's standard terms and conditions.

**Signature:** Junna A. Romeo

**Date Submitted:** 10/12/88

**Print Name:** JUNNA ROMEO

**Title:** WASTE APPROVAL CHEMIST

**ThermalKEM**

**CyanoKEM**



454 S. Anderson Rd., BTC 532  
Rock Hill, SC 29730  
803/329-9690

Date: October 27, 1988

Mark Pane

USEPA Region II

Woodbridge Avenue

Edison, NJ 08317

Re: ST - 00002-6544

Generator: USEPA Region II

Broker: ENSI of PA

Approved for receipt at ThermalKEM, Inc.

after October 12, 1988\*

\*15 days waived by SCDHEC

The South Carolina Department of Health and Environmental Control requires that TSD facilities return to the generator and/or broker a signed copy of the Authorization Request Form (ARF) for all waste streams accepted for treatment, storage, or disposal. Attached to this letter is a copy of the ARF for your records.

ThermalKEM, Inc.

Attachment